



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

SOUTH TEXAS RADIOLOGY GROUP

**Respondent Name**

OLD REPUBLIC INSURANCE CO

**MFDR Tracking Number**

M4-17-3272-01

**Carrier's Austin Representative**

Box Number 44

**MFDR Date Received**

JULY 7, 2017

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "We originally sent our bills to Church Mutual as this is the info we received. On 03/07/2017 we called Church Mutual & found the patient does not have an injury reported or claim on file. On 3/14/17 we received a phone call from the patient providing Workers Comp information. We mailed our claim to Gallagher Bassett. Now our claims & requests for reconsideration are being denied."

**Amount in Dispute:** \$21.50

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "Based on documentation received, Coventry stands behind our review."

**Response Submitted by:** Gallagher Bassett

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 15, 2016	CPT Code 71101-26-AQ	\$21.50	\$0.00

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. Texas Labor Code §408.027, effective September 1, 2007, sets out the rules for timely submission of a claim by a health care provider.
2. Texas Labor Code §408.0272, effective September 1, 2007, provides for exceptions for timely submission of a claim by a health care provider.
3. 28 Texas Administrative Code §133.20, effective January 29, 2009, 34 *Texas Register* 430, sets out the procedure for healthcare providers submitting medical bills.
4. 28 Texas Administrative Code §102.4(h), effective May 1, 2005, sets out rules to determine when written documentation was sent.

5. The services in dispute were reduced / denied by the respondent with the following reason codes:

- 29-The time limit for filing has expired.
- 18-Exact duplicate claim/service.

### **Issues**

Did the requestor support position that the disputed bills were submitted timely?

### **Findings**

According to the explanation of benefits, the respondent denied reimbursement for the services in dispute based upon reason code "29-The time limit for filing has expired."

Texas Labor Code §408.027(a) states, "A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment."

28 Texas Administrative Code §102.4(h), states, "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday." A review of the submitted documentation does not contain any evidence such as a fax, personal delivery, electronic transmission, or certified green cards to support the bill was sent to the respondent within the 95 day deadline.

Texas Labor Code §408.0272(b)(1) states "Notwithstanding Section 408.027, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.027(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if: (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with: (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured; (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title."

A review of the submitted documentation finds:

- Medical bill addressed to Church Mutual dated January 9, 2017 in box 31.
- Medical bill addressed to Gallagher Bassett dated May 19, 2017 in box 31.

The requestor did not submit a fax, personal delivery or electronic transmission or a postmark letter to support that the disputed bill was submitted to Church Mutual. The requestor did not submit documentation to support that Church Mutual was "an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured," "a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee," or "a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title." The division finds the requestor did not support position that the disputed services qualify for the exception found in Texas Labor Code §408.0272(b)(1).

The requestor did not submit a fax, personal delivery or electronic transmission or a postmark letter to support that the disputed bill was submitted to Church Mutual. The division finds the requestor did not sufficiently support that the disputed bill was submitted to Old Republic Insurance Co. in accordance with Texas Labor Code §408.027(a). As a result, reimbursement is not recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

## ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### Authorized Signature

_____	_____	7/31/2017
Signature	Medical Fee Dispute Resolution Officer	Date

## YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**